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SERIAL NUMBER 10/798,717	FILING OR 371(c) DATE 03/10/2004 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 017761-002620US
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APPLICANTS

George L. Matlock, Pleasanton, CA;

**** CONTINUING DATA *******

This application is a CIP of 09/991,368 11/20/2001 PAT 6,685,623

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature _____ Initials _____			
	STATE OR COUNTRY CA	SHEETS DRAWING 40	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3

ADDRESS

20350

TITLE

Incontinence treatment with urethral guide

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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